

DIVORCE, LEGAL SEPARATION, ANNULMENT WITHOUT MINOR CHILDREN

1

Temporary Orders

**Part 1: Completing and Filing
the Court Papers
(Forms Packet)**

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Packet Last Revised January 2006
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SELF-SERVICE CENTER

TEMPORARY ORDERS IN DIVORCE, LEGAL SEPARATION, ANNULMENT CASES WITHOUT CHILDREN MOTION AND FILING COURT PAPERS

This packet contains court forms for temporary orders in a divorce, legal separation, or annulment case without children. Be sure the documents are in the following order:

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3	GNSDS10f	<i>“Sensitive Data Sheet”</i>	1
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SELF-SERVICE CENTER

MOTION FOR TEMPORARY ORDERS DIVORCE, LEGAL SEPARATION, ANNULMENT WITHOUT CHILDREN

CHECKLIST

Use the forms and instructions in this packet **ONLY** if the following factors apply to your situation:

- ✓ You or your spouse filed a petition for divorce, legal separation or annulment, **AND**
- ✓ You and your spouse have **no children** with each other **AND** the wife **is not** pregnant by the husband or **will not be** pregnant by the husband before the divorce is over, **AND**
- ✓ You need temporary court orders about property or debt or spousal maintenance/ support while you wait for the divorce, legal separation, annulment to be final.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Name: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Daytime Phone Number: _____
 Evening Phone Number: _____
 Representing: ☐ Self ☐ Petitioner ☐ Respondent
 (If Attorney) State Bar Number: _____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

_____ Petitioner	Case No. _____ ATLAS No. _____ SENSITIVE DATA SHEET (Not public record. Access for Court staff ONLY)
_____ Respondent	

**Fill out. File with Clerk of Court. Omit Account Numbers and Social Security Numbers
 (except on "Orders of Assignment") when requested on other forms.**

A. Personal Information:

	Name	Date of Birth <small>(Month/Day/Year)</small>	Social Security Number
Petitioner:	_____	_____	_____
Respondent:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____

B. Financial Account Numbers (including credit cards, financial and investment accounts, debts):

Financial Institution	Type of Account	Name(s) of Account Owner	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Pension and Retirement Accounts (including IRAs, 401Ks):

Financial Institution	Type of Account	Name(s) of Account Owner	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Life Insurance Policies:

Insurance Company	Type of Policy	Name(s) of Policy Owner	Policy #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Person Filing Document: _____
 Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____
 ATLAS Number (if applicable): _____
 Representing ☐ Self Without a Lawyer) OR
 Attorney for ☐ Petitioner OR ☐ Respondent
 Attorney Bar Number (if applicable): _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

 Name of Petitioner

Case Number

MOTION FOR TEMPORARY ORDERS

 Name of Respondent

Check all that apply:

- ☐ FOR SPOUSAL MAINTENANCE/SUPPORT
☐ FOR PROPERTY and/or DEBT
☐ OTHER:

REQUIRED INFORMATION, UNDER OATH:

1. **INFORMATION ABOUT THE PETITION FOR DISSOLUTION or LEGAL SEPARATION or ANNULMENT.** (You cannot file a *"Motion for Temporary Orders"* unless you or your spouse have filed, or will file at the same time you file **this** paperwork, all the paperwork for a divorce or legal separation or annulment)

- A. Date Petition for Dissolution of Marriage or Legal Separation or Annulment was filed:
 B. Name of court where Petition was filed:
 C. Information about court hearing scheduled for that Petition (if hearing is scheduled):

- 1) DATE and TIME OF HEARING:
 2) NAME OF JUDICIAL OFFICER TO HEAR CASE:

2. **INFORMATION ABOUT OTHER TEMPORARY ORDERS.** To the best of my knowledge, no temporary orders regarding these matters have been entered in any other court, and no court proceedings are pending for temporary orders. ☐ Check this box if this statement is true. If it is not true, do not check the box, do not file this paperwork and see a lawyer for help.

THIS IS WHAT I WANT THE COURT TO ORDER: Check the box in front of each item that you want. If you do **not** want the court to enter an order for that item, do **not** check the box.

3. ☐ **SPOUSAL MAINTENANCE/SUPPORT:** An order requiring my spouse to pay a reasonable sum for spousal maintenance/support as determined by the *"Affidavit of Financial Information"* I am submitting with this Motion.
4. ☐ **MEDICAL INSURANCE AND/OR COSTS:** An order requiring my spouse to provide medical and dental insurance for me, at **no cost** to the me, **OR** to pay all the medical and dental expenses reasonably incurred by me for myself.

5. ☐ **PROPERTY:** An order granting the exclusive use and possession of the following property:

A. To me (list property)

B. To my spouse (list property)

6. ☐ **DEBTS:** An order requiring payment of debts, until further order of this court, as follows (attach additional pages if necessary):

A. **DEBTS TO BE PAID BY ME:**

DEBT

AMOUNT

TO WHOM OWED

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

B. **DEBTS TO BE PAID BY MY SPOUSE:**

DEBT

AMOUNT

TO WHOM OWED

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

7. ☐ **BASIS FOR REQUEST:** (Check this box if you want spousal maintenance/support, or medical insurance premiums paid or reimbursed.) This request is based on my inability to support myself or maintain this action without financial assistance from my spouse, and because my spouse refuses to voluntarily provide support.

8. ☐ **OTHER REASONS AND/OR OTHER REQUESTS:** (Please explain here in detail what else if anything you want the judge to order on a temporary basis and why you need the order)

Case No. _____

REQUESTS TO THE COURT, UNDER OATH:

1. To enter a temporary order granting what I requested.
2. For any other orders of the court that are just.

OATH AND VERIFICATION:

STATE OF ARIZONA)
County of Maricopa) ss.

I, being duly sworn and under oath, state that I have read this Motion. All the statements in the Motion are true and correct and complete to the best of my knowledge and belief.

SIGNED: _____

Subscribed and sworn to before me this _____ day of _____,

by _____.

My Commission Expires:

NOTARY PUBLIC: _____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY
Family Court Department Notice
Notice about “Returns”/Conferences in Commissioners’ Courts
Approved July 1, 1997/Revised June 9, 1998

This notice applies to **all** proceedings and must be served with the **“Order to Show Cause”**
and/or **“Order to Appear”** (except in IV-D child support cases by DES/DCSE)

GENERAL INFORMATION: Due to an increase in demand for time on commissioner calendars, as well as the reduction in resources available, the Family Court commissioners will set EVERY **“Motion for Temporary Orders”** and other requests for evidentiary hearings for a 15 minute “return”/status conference before setting a hearing.

REQUIREMENTS APPLICABLE TO THE RETURN: The attached **“Order to Appear”/“Order to Show Cause”** is a return only. Here is what the parties and attorneys must know about the return/status conference:

1. **Documents:** Not later than 3 judicial days before the date of the return, the parties shall exchange current, complete, and verified **“Affidavits of Financial Information,”** along with supporting documents. Failure to do so may result in sanctions.
2. **Failure to Appear:** This is a 15 minute proceeding with the court. The court will determine if more time is needed. All parties, whether represented by attorneys or not, must be present. If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear.
3. **Conduct of Return/Status Conference:** If both parties appear, they must be prepared to advise the court of the issues resolved, as well as the issues which remain disputed. Each party shall be prepared to state his or her position on each issue. The court may schedule discovery, disclosure and any other matter necessary to assist the litigants at the subsequent hearing. The court may also enter an Order as to scope and duration of the hearing, including witnesses and documents which may be offered at hearing.
4. **Ability to Schedule Further Proceedings:** Parties and counsel attending the return/ status conference shall have in their possession a schedule of their availability. They shall be prepared to advise the court of any periods of non-availability in the six weeks after the return date.
5. **Duty to Meet Prior to Return:** Except where a party has obtained an **“Order of Protection”** or other Order of the court prohibiting contact, the parties shall meet and confer at least 24 hours prior to the return. In cases where an attorney has been retained, the attorney shall make a reasonable effort to meet with and confer with the opponent at least 24 hours prior to the return.

WARNING. All litigants and counsel are cautioned that failure to notify the court of settlement in a timely manner may result in the imposition of sanctions.

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Family Court Department Notice

August 1, 1995 and revised June 9, 1997

This notice applies to **all** temporary orders proceedings and **must** be served with the ***“Order To Show Cause”*** and/or ***“Order to Appear”*** (except in IV-D child support cases by DES/DCSE)

1. NOTICE ABOUT TEMPORARY ORDERS:

- A. Parties Representing Themselves in Court.** Parties representing themselves will be sworn and shall state their position under oath. The judge will ask questions as necessary.
- B. Parties Represented by Attorneys.** In lieu of the above, attorneys who represent parties will state the party(ies)' position as to all contested matters by avowal.
- C. General Information.** No hearing will be allowed more than 45 minutes. If you are late for either hearing or cause any other delay, your hearing will be shortened to fit the amount of time scheduled.

2. NOTICE TO ALL RESPONDENTS ABOUT PAYMENT OF COURT FEES:

You can object to what the Petitioner asks for, but you will not be allowed to ask for any additional orders **unless, before the hearing**, you have paid the filing fee for a “Response” or “Appearance”, or the fee is deferred by the court. Bring written proof with you to the hearing that you paid, or were not required to pay, the court fee at this time. This means that you need a copy of the receipt, or a copy of the order deferring fees.

3. REQUIRED DOCUMENTS:

If either party is asking for child custody, spousal maintenance/ support (alimony), child support, or property/debt protection, each party must exchange with the other a complete ***“Affidavit of Financial Information”*** with all supporting documents. If you are asking for child support, you must also complete and exchange the ***“Parent’s Worksheet for Child Support.”*** If you want help completing the Parent’s Worksheet, you can call the Family Court Clerk Services at 602-506-3762 for an appointment. (You can get copies of these documents at the Self-Service Center at either the downtown Phoenix or Southeast (Mesa) Superior Court location.) Complete and exchange the documents at least **3** court days before the hearing or the judge might not allow you to present that part of your case. You will only be allowed to give the judge your copy of the ***“Affidavit of Financial Information”*** and up to 5 supporting documents, and the ***“Parent’s Worksheet for Child Support,”*** if you gave everything to the other party at least **3** court days before the hearing.

4. EXCEPTIONS:

If you want to be allowed to do something other than what is required in items 1, 2, and 3 above, you must put your request in writing as follows:

- **IF YOU ARE THE PETITIONER:** Put your request in writing **in the petition** for the ***“Order to Show Cause”*** also called ***“Order to Appear.”***
- **IF YOU ARE THE RESPONDENT:** Put your request in writing **to the judge** and provide a copy to the other party at least 5 court days before the hearing.

5. COURT REPORTER and/or COURT INTERPRETER:

You must request a court reporter and/or court interpreter at least **5** court days before the hearing. (Call the judge’s staff and tell him or her that you need a court reporter and/or interpreter.)

6. REASONABLE ACCOMMODATION:

You must make a request for reasonable accommodation under the Americans with Disabilities Act at least **3** court days before the hearing.

7. JUDGE OR COMMISSIONER:

Commissioners generally hear cases about temporary orders. All references to “judge” in this notice applies to commissioners.

Name: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Daytime Phone Number: _____
 Evening Phone Number: _____
 Representing: ☐ Self ☐ Petitioner ☐ Respondent
 State Bar Number: _____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

 Petitioner/Plaintiff

Case No. _____

ATLAS No. _____

AFFIDAVIT OF FINANCIAL INFORMATION

 Respondent

Affidavit of _____
 (Name of Person Whose Information is on this
 Affidavit)

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

WARNING TO BOTH PARTIES: This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party and to the judge. If you do not do this, the court may order you to pay a fine.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me. I also understand that, if I fail to provide the required information or give misinformation, the judge may order sanctions against me, including assessment of fees for fines under Rule 31, Arizona Rules of Family Law Procedure.

 Date

 Signature of Person Making Affidavit

INSTRUCTIONS

1. **Complete the entire Affidavit in black ink. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.**
2. Answer the following statements **YES** or **NO**. If you mark **NO**, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.

[] YES [] NO	1. I listed all sources of my income.
[] YES [] NO	2. I attached copies of my two (2) most recent pay stubs.
[] YES [] NO	3. I attached copies of my federal income tax return for the last three (3) years, and I attached my W-2 and 1099 forms from all sources of income.

Case No. _____

1. GENERAL INFORMATION:

- A. Name: _____ Date of Birth: _____
B. Current Address: _____
C. Date of Marriage: _____ Date of Divorce: _____
D. Last date when you and the other party lived together: _____
E. Full names of child(ren) common to the parties (in this case), their dates of birth:

Name	Date of Birth
_____	_____
_____	_____
_____	_____

- F. The name, date of birth, relationship to you, and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship to you	Income
_____	_____	_____	_____
_____	_____	_____	_____

- G. Any other person for whom you contribute support:

Name	Age	Relationship to You	Reside With You (Y/N)	Court Order to Support (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- H. Attorney's Fees paid in this matter \$ _____. Source of funds _____

2. EMPLOYMENT INFORMATION:

- A. Your job/occupation/profession/title: _____
Name and address of current employer: _____

Date employment began: _____

How often are you paid: ☐ Weekly ☐ Every other week ☐ Monthly ☐ Twice a month
☐ Other _____

- B. If you are not working, why not? _____

- C. Previous employer name and address: _____

Previous job/occupation/profession/title: _____

Date previous job began: _____ Date previous job ended: _____

Reason you left job: _____

Gross monthly pay at previous job: \$ _____

- D. Total gross income from last three (3) years' tax returns (attach copies of pages 1 and 2 of your federal income tax returns for the last three (3) years):

Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____

- E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ _____

3. YOUR EDUCATION/TRAINING: List name of school, length of time there, year of last attendance, and degree earned:

- A. High School: _____
- B. College: _____
- C. Post-Graduate: _____
- D. Occupational Training: _____

4. YOUR GROSS MONTHLY INCOME:

- List **all** income you receive from **any** source, whether private or governmental, taxable or not.
- List all income payable to you individually or payable jointly to you and your spouse.
- Use a monthly average for items that vary from month to month.
- Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.

A. Gross salary/wages per month \$ _____

- **Attach copies of your two most recent pay stubs.**

Rate of Pay \$ _____ per [] hour [] week [] month [] year

B. Expenses paid for by your employer:

1. Automobile \$ _____
2. Auto expenses, such as gas, repairs, insurance \$ _____
3. Lodging \$ _____
4. Other (Explain) _____ \$ _____

C. Commissions/Bonuses \$ _____

D. Tips \$ _____

E. Self-employment Income (See below) \$ _____

F. Social Security benefits \$ _____

G. Worker's compensation and/or disability income \$ _____

H. Unemployment compensation \$ _____

I. Gifts/Prizes \$ _____

J. Payments from prior spouse \$ _____

K. Rental income (net after expenses) \$ _____

L. Contributions to household living expense by others \$ _____

M. Other (Explain:) _____ \$ _____
(Include dividends, pensions, interest, trust income, annuities or royalties.)

TOTAL: \$ _____

5. SELF-EMPLOYMENT INCOME (if applicable):

If you are self-employed, attach a copy of the Schedule C for your business from your last tax return and the most recent income/expense statement from your business.

If self employed, provide the following information:

Name, address and telephone no. of business: _____

Type of business entity: _____

State and Date of incorporation: _____

Nature of your interest: _____

Nature of business: _____

Percent ownership: _____

Number of shares of stock: _____

Case No. _____

Total issued and outstanding shares: _____

Gross sales/revenue last 12 months: _____

INSTRUCTIONS

Both parties must answer item 6 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which means one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:

- **DO NOT LIST** any expenses for the other party, or child(ren) who live(s) with the other party, **unless** you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HEALTH INSURANCE:

1. Total monthly cost \$ _____
2. Premium cost to insure you alone \$ _____
3. Premium cost to insure child(ren) common to the parties \$ _____
4. List all people covered by your insurance coverage:

5. Name of insurance company and Policy/Group Number:

B. DENTAL/VISION INSURANCE:

1. Total monthly cost \$ _____
2. Premium cost to insure you alone \$ _____
3. Premium cost to insure child(ren) common to the parties \$ _____
4. List all people covered by your insurance coverage:

5. Name of insurance company and Policy/Group Number:

C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

(Cost to you after, or in addition to, any insurance reimbursement)

1. Drugs and medical supplies \$ _____
2. Other _____ \$ _____

TOTAL:

\$ _____

D. CHILD CARE COSTS:

1. Total monthly child care costs \$ _____
(Do not include amounts paid by D.E.S.)
2. Name(s) of child(ren) cared for and amount per child:

\$ _____
\$ _____
\$ _____
\$ _____

3. Name(s) and address(es) of child care provider(s):

E. EMPLOYER PRETAX PROGRAM:

Do you participate in an employer program for pretax payment of child care expenses? (Cafeteria Plan)? [] YES [] NO

F. COURT ORDERED CHILD SUPPORT:

1. Court ordered current child support for child(ren)
not common to the parties \$ _____
2. Amount of any arrears payment \$ _____
3. Amount per month actually paid in last 12 mos. \$ _____
 - **Attach proof that you are paying**
4. Name(s) and relationship of minor child(ren) who you support or who live with you, but are **not** common to the parties.

G. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):

1. Court ordered spousal maintenance/support you actually pay to previous spouse: \$ _____

H. EXTRAORDINARY EXPENSES :

1. For **Children** (Educational Expense/Special Needs/Other): \$ _____
 Explain: _____

2. For **Self**: \$ _____
 Explain: _____

INSTRUCTIONS

Both parties must answer items 7 and 8 if either party is requesting:

- Spousal maintenance
- Division of expenses
- Attorneys' fees and costs
- Adjustment or deviation from the child support amount
- Enforcement

7. SCHEDULE OF ALL MONTHLY EXPENSES:

- Do NOT list any expenses for the other party, or children who live with the other party unless you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

•

Case No. _____

A. HOUSING EXPENSES:

1. House payment:
 - a. First Mortgage \$ _____
 - b. Second Mortgage \$ _____
 - c. Homeowners Association Fee \$ _____
 - d. Rent \$ _____
2. Repair & upkeep \$ _____
3. Yard work/Pool/Pest Control \$ _____
4. Insurance & taxes not included in house payment \$ _____
5. Other (Explain) _____ \$ _____
- TOTAL:** \$ _____

B. UTILITIES:

1. Water, sewer, and garbage \$ _____
2. Electricity \$ _____
3. Gas \$ _____
4. Telephone \$ _____
5. Mobile phone/pager \$ _____
6. Internet Provider \$ _____
7. Cable/Satellite television \$ _____
8. Other (Explain:) _____ \$ _____
- TOTAL:** \$ _____

C. FOOD:

1. Food, milk, and household supplies \$ _____
2. School lunches \$ _____
3. Meals outside home \$ _____
- TOTAL:** \$ _____

D. CLOTHING:

1. Clothing for you \$ _____
2. Uniforms or special work clothes \$ _____
3. Clothing for children living with you \$ _____
4. Laundry and cleaning \$ _____
- TOTAL:** \$ _____

E. TRANSPORTATION OR AUTOMOBILE EXPENSES:

1. Car insurance \$ _____
2. List all cars and individuals covered:

3. Car payment, if any \$ _____
4. Car repair and maintenance \$ _____
5. Gas and oil \$ _____
6. Bus fare/parking fees \$ _____
7. Other (explain): _____ \$ _____
- TOTAL:** \$ _____

F. MISCELLANEOUS:

1. School and school supplies \$ _____
2. School activities or fees \$ _____
3. Extracurricular activities of child(ren) \$ _____

Case No. _____

4. Church/contributions	\$ _____
5. Newspapers, magazines and books	\$ _____
6. Barber and beauty shop	\$ _____
7. Life insurance (beneficiary: _____)	\$ _____
8. Disability insurance	\$ _____
9. Recreation/entertainment	\$ _____
10. Child(ren)'s allowance(s)	\$ _____
11. Union/Professional dues	\$ _____
12. Voluntary retirement contributions and savings deductions	\$ _____
13. Family gifts	\$ _____
14. Pet Expenses	\$ _____
15. Cigarettes	\$ _____
16. Alcohol	\$ _____
17. Other (explain): _____	\$ _____
TOTAL:	\$ _____

8. OUTSTANDING DEBTS AND ACCOUNTS: List all debts and installment payments you currently owe, but **do not include items listed in Item 8** "Monthly Schedule of Expenses". Follow the format below. Use additional paper if necessary.

Creditor Name	Purpose of Debt	Unpaid Balance	Min. Monthly Payment	Date of Your Last Payment	Amount of Your Payment

Name of Person Filing Document: _____
 Your Address: _____
 Your Telephone Number: _____
 ATLAS Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self (Without Attorney) OR
 Attorney for _____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

 Name of Petitioner,

and

 Name of Respondent.

Case Number: _____

ORDER TO APPEAR FOR MOTION FOR TEMPORARY ORDERS

READ ME: This is an important Court Order that affects your rights. Read this Order carefully.
 If you do not understand this Order, contact a lawyer for help.

Based on the *"Motion for Temporary Orders,"* the documents filed with it, and pursuant to Arizona Law,

IT IS ORDERED THAT YOU _____ appear at the time and place stated below so the court can determine whether the relief asked for in the *"Motion for Temporary Orders"* should be granted.

INFORMATION ABOUT COURT HEARING TO BE HELD:

NAME OF JUDICIAL OFFICER: _____
 DATE AND TIME OF HEARING: _____
 PLACE OF HEARING: _____

IT IS FURTHER ORDERED that a copy of this *"Order to Appear"* and a copy of the Motion and documents filed with the Motion shall be served by the party initiating the action, on the parties who are required to appear and a copy of these documents shall be mailed immediately to parties who have appeared in this action, in accordance with Arizona Rules of Civil Procedure, Rule 5.

Requests for reasonable accommodation for persons with disabilities must be made to the office of the judge or Commissioner scheduled to hear this case five days before your scheduled court date.

DONE IN OPEN COURT: _____

 Judge/Commissioner of the Superior Court

READ ME. This is a 15 minute proceeding with the court. The court will determine if more time is needed. **All parties, whether represented by attorneys or not, must be present.** If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear. If the petition seeks to establish, modify or enforce child support, and you fail to appear as ordered, a child support arrest warrant may be issued for your arrest.

Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 ATLAS Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self or Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

 Name of Petitioner

Case Number _____

 Name of Respondent

TEMPORARY ORDER REGARDING

- ☐ Spousal Maintenance/Support
☐ Property and/or debt
☐ Other: _____

NOTICE: This is an important Court Order that affects your rights. Read this Order carefully. If you do NOT understand this Order, contact an attorney for help.

THE COURT FINDS:

1. A sworn "***Motion for Temporary Orders***" was filed with the court. The court read the Motion scheduled a hearing, took testimony as appropriate, considered all relevant matters, and issues a Temporary Order.
2. This court has jurisdiction to enter temporary orders regarding property, debt, and/or spousal maintenance/ support, and has jurisdiction over the parties under the law. Where it has the legal power to do so and where it is applicable to the facts of this case, this court has considered, approved, and made Orders relating to property, debts, and/or spousal maintenance/support.
3. ☐ **(Applicable only if spousal maintenance/support and/or medical insurance premiums are ordered to be paid or reimbursed)** This order is based on the inability of the party who shall receive payments to support him/herself or maintain this action without financial assistance from the party ordered to pay.

THE COURT ORDERS:

- A. ☐ **MEDICAL AND DENTAL INSURANCE, PAYMENTS AND EXPENSES.**
☐ Wife or ☐ Husband is ordered to provide medical and dental insurance for the other spouse. All uninsured medical and dental expenses shall be paid as follows: _____ % by Wife, and _____ % by Husband.
- B. ☐ **SPOUSAL MAINTENANCE/SUPPORT** shall be paid by ☐ Wife or ☐ Husband to the other spouse in the amount of \$ _____, due on or before the _____ day of every month until further order of this court.

Case No. _____

C. ☐ **PETITIONER SHALL BE GRANTED THE EXCLUSIVE USE AND POSSESSION OF THE FOLLOWING PROPERTY:**

- ☐ Residence located at: _____
☐ Car described as: _____
☐ Other: _____

D. ☐ **RESPONDENT SHALL BE GRANTED THE EXCLUSIVE USE AND POSSESSION OF THE FOLLOWING PROPERTY:**

- ☐ Residence located at: _____
☐ Car described as: _____
☐ Other: _____

E. ☐ **THE FOLLOWING DEBT(S) shall be paid by Petitioner.**

DEBT	AMOUNT	TO WHOM OWED
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. ☐ **THE FOLLOWING DEBT(S) shall be paid by Respondent.**

DEBT	AMOUNT	TO WHOM OWED
_____	_____	_____
_____	_____	_____
_____	_____	_____

G. ☐ **OTHER ORDERS:** _____

H. **LENGTH OF THIS ORDER:** This order shall continue (check one box)

- ☐ Until further order of this court, **OR**
☐ Until (date): _____

DONE IN OPEN COURT: _____.

JUDGE/COMMISSIONER OF THE SUPERIOR COURT

Case No. _____

ATLAS No. _____

ATTENTION: COURT DIVISION AND STAFF. DO NOT FILE THIS DOCUMENT.
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PARTIES. THIS FORM IS FOR CLERK OF COURT INTERNAL USE ONLY.

JUDGMENT DATA SHEET (FOR INTERNAL USE ONLY*)

PERSON TO RECEIVE PAYMENTS:

Name: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

SSN: _____

Mailing Address: _____

Daytime Phone: _____

Evening Phone: _____

Other (cell, pager): _____

Email Address: _____

PERSON TO MAKE PAYMENTS:

Name: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

SSN: _____

Mailing Address: _____

Daytime Phone: _____

Evening Phone: _____

Other (cell, pager): _____

Email Address: _____

EMPLOYER INFORMATION FOR PERSON MAKING PAYMENTS: Firm Name: _____

Payroll Mailing Address: _____

Phone: _____

Email Address: _____

CHILDREN:

Name	Gender (M/F)	Date of Birth	Social Security No. (if available)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ Additional children listed on attached sheet.

FOR COURT USE ONLY

Order Date: _____	Type of Order: _____			
Current Child Support	Arrearages	Current Spousal Maint.	Arrearages	Miscellaneous
Amount _____	Amount _____	Amount _____	Amount _____	Med Ins _____
Frequency _____	Frequency _____	Frequency _____	Frequency _____	Frequency _____
Due Date _____	Total _____	Total _____	Total _____	Med Bills _____
	Thru Date _____	Due Date _____	Thru Date _____	Frequency _____
	Due Date _____		Due Date _____	Due Date _____